

SEWER ADJUSTMENT APPLICATION

Account No.: _____ Date: _____

Name: _____ Telephone No.: _____

Service Address: _____

Month of Excessive Bill: _____ Excessive Bill Amount: _____

Did the water pass through the sewer? _____ Yes _____ No

Detailed description of nature of leak: _____

Repair company information – (Note: Please attach copy of repair bill.)

Name: _____ Telephone No.: _____

Address: _____

WATER UTILITY OFFICE USE ONLY

Number of claims filed this year: _____

Excessive Usage: _____ Excessive Sewer Amount: _____

Preceding three months-

Average Usage: _____ Average Sewer Amount: _____

Requested Adjustment Amount: _____

BOARD OF PUBLIC WORKS AND SAFETY USE ONLY

We, the Board of Public Works and Safety, approve this sewer adjustment request.

Shannon Kohl, Mayor

Date

Eric Bowlen, Member

Date

Terry Buster, Member

Date